



# Request for Service Credit Cost Information Service Prior to Membership

## Section A: Documentation of Service (to be completed by member)

Have you requested this cost information before? ☐ Yes ☐ No If yes, list date request was submitted: \_\_\_\_\_

Have you submitted a retirement application? ☐ Yes ☐ No If yes, list retirement date: \_\_\_\_\_

### Part 1 Member Information

Name	Social Security Number		
Former Name (if applicable)	Current Employer		
Daytime Phone			
Mailing Address	City	State	ZIP

### Part 2 Prior Employment Information

List the name and address of the employer when the service was earned. If this was a "certificated position," contact the State Teachers' Retirement System.

Employer			
Address	City	State	ZIP

Please list dates and hours of employment for which you are requesting credit. List each position separately and indicate whether service was full-time or part-time. If the service was part-time, indicate service as a fraction, or list the hours (i.e. 20 hours/month or 1/2 time).

Period of Employment		Location and Position	Hours Worked Per Month	OR Time Base Fraction of Full-Time
From (month/day/year)	To (month/day/year)			

### Part 3 Certification

I hereby certify that the above information is true and correct.

Member Signature	Date
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- If the service was performed for the State of California or a California State University, **STOP**. Sign this form on the line above and mail it to CalPERS at the address listed below.
- If the service was performed for the University of California, a CalPERS-covered public agency, or a school, forward this request form to the appropriate employer for completion of Part 4 or Section B before returning to CalPERS.

### Part 4 Statement and Signature of Authorized Employer Representative

Your signature certifies that the member-provided information is true and correct. If no hours worked or time base is indicated above, **full-time service** will be assumed. If you do not agree with this assumption or with the information listed, complete Section B on the reverse.

Employer Signature	Title	Date
Printed Name	Telephone Number	FAX Number

**Mail To: CalPERS Member Services Division, P.O. Box 4000, Sacramento, CA 95812-4000**  
PERS-MSD-370 (3/00)

Name

Social Security Number

**Section B: Employer Certification (to be completed by employer ONLY if additional information is necessary. Otherwise, simply certify in Part 4 on the reverse)**

**If the service was performed for the State of California or California State University, employer certification is not required.**

**Part 1 Employee History**

Position Title \_\_\_\_\_ Period of Employment: From (month/day/year) To (month/day/year)

Position Type    ☐ Seasonal    ☐ Limited Term    ☐ On-Call    ☐ Intermittent    ☐ Permanent

Position Time Base ☐ Full-Time    ☐ Part-Time    ☐ Hourly    ☐ Fraction of Full-Time

Pay Period Type    ☐ Monthly    ☐ Semimonthly    ☐ Biweekly    ☐ Other: \_\_\_\_\_

Average number of days or hours per pay period: \_\_\_\_\_

Average percentage or fraction of time worked per pay period: \_\_\_\_\_

Please complete Part 3 below and return this request form to the member.

*Complete Part 2 only if one of the following conditions occurred: the employee was full-time, worked more than 1000 hours in a fiscal year (July 1 – June 30), or did not work a consistent time base and could not be listed above.*

**Part 2 Member Employment History**

From (mo./day/year)	To (mo./day/year)	Position Title	Payrate (hourly/daily/mo.)	Time Worked (hours/days)	Earnings	CalPERS use only

**Part 3 Statement and Signature of Authorized Employer Representative**

I hereby certify that the above information is true and correct.

Employer Signature

Title

Date

Printed Name

Telephone Number

FAX Number

**Employer: Please return the completed form to the member.**